

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 68	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR STEVE		OFFICE USE ONLY Date Received CITY CLERK DEPT. 5/3/2013 3:40:29 PM Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX ORTEGA			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 W. Overland #250 K EL PASO TX 79901			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 613-7687			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR MICHAEL			
	NICKNAME LAST SUFFIX GUERRA			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 201 East Main, Suite 1200 EL PASO TX 79901			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 760-5551			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 2 / 2013 5 / 1 / 2013			
11 ELECTION	ELECTION DATE Month Day Year 05 / 11 / 13 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) City Representative District 7		13 OFFICE SOUGHT (if known) Mayor	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Steve Ortega

15 ACCOUNT # (Ethics Commission Filers)**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

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COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 40

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 140,170

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 201,443.77

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 23,496.24

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steve Ortega

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 48	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/2/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Adkins 6 Contributor address; City; State; Zip Code 4006 Santa Anita Dr El Paso, TX	7 Amount of contribution (\$) 700.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo Ann Casey Contributor address; City; State; Zip Code 1000 Madeline El Paso, TX 79902	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris A. Cummins Contributor address; City; State; Zip Code 6006 N. Mesa, Ste 1000 El Paso, TX 79912	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel C./Francoise Feliberti Contributor address; City; State; Zip Code 10500 Tomwood Ave El Paso, TX 79925	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Art Peter Fierro Contributor address; City; State; Zip Code 11612 Tony Tejeda Dr El Paso, TX 79936	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/2/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Fierro 6 Contributor address; City; State; Zip Code 562 Rosinante El Paso TX 79922	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/2/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Fitzmaurice Contributor address; City; State; Zip Code 603 Upson El Paso, TX 79902	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson C. Gearhart Contributor address; City; State; Zip Code 732 Rosinante Rd El Paso, TX 79922	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard Goodman III Contributor address; City; State; Zip Code 4911 Meadowlark El Paso, TX 79922	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Lopez Contributor address; City; State; Zip Code 917 Prospect El Paso, TX 79902	Amount of contribution (\$) 150	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/2/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan W. Olivas	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 240 Thunderbird, Ste D El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pirates & Piranhas LLC	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Sunland Park Drive, Bldg 2-300 El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Sosa	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5701 Los Cerritos Drive El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Abrams	Amount of contribution (\$) 5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9431 Zyle Rd Austin, TX 78737		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Bowling IV	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 457 San Clemente El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/3/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clan Property Management LLC	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8981 Castner Dr El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeep Darnell	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 304 Dream Spirit Santa Teresa, NM 88008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EP Epicurean Co., LLC- Rulis	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2900 N. Mesa St, Ste K El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Escobar	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1732 Charlie Smith Drive El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Octavio Gomez	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 904 McKelligon El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/3/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael E. Guerra	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 408 Cincinnati El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert H. Jr./Rose Ann Hoy	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 Villa Serena Ct El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. Charlie Intebi	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1107 Kelly Way El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffen Poessiger	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 123 W. Mills Ave., Ste 500 El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenji Shigamatsu	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 511 Western El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/3/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Talavera	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1011 W. Yandell El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/3/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Windle Hood Alley LLP	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Chase Tower Ste. 1350, 201 E Main El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafael Adame	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 764 Dahlia Ct El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonardo Alvarado	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 N. Mesa Hills El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Armendariz	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6046 Laguna Vista Dr El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Betancourt	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1113 Eagle Ridge El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Betancourt	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1113 Eagle Ridge El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selene Betancourt	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1113 Eagle Ridge El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Wes Bransford	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3149 Coyote Park El Paso, TX 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William R. Campion	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 113 1/2 W 15th St Apt BE-BW New York, NY 10011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William R. Caparis	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 517 Trails End Ct El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmund Castle	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1221 Cincinnati El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique I. Cervantes	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2170 Trawood Dr Apt 605 El Paso, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Davis	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6716 Desert Canyon El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard M. Dillon	Amount of contribution (\$) 2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 735 Chamberino, NM 88027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Ducorsky	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5206 Mira Sierra El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easy Computing LLC	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 709 El Parque Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Fernandez	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4800 N. Stanton Unit 186 El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Fernandez	Amount of contribution (\$) 2,500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4800 N. Stanton Unit 186 El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karla Frosto	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2906 Silver Ave El Paso, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Guzman	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1210 Los Angeles Drive El Paso. TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Guillermo Guzman	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2118 N. Saint Vrain St. El Paso. TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Hahn	Amount of contribution (\$) 5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2244 Trawood Ste 100 El Paso, TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Hahn	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2244 Trawood Ste 100 El Paso. TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William C. Helm II	Amount of contribution (\$) 120	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1611 Florence El Paso. TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 48	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sal Hernandez 6 Contributor address; City; State; Zip Code 3638 Almond Beach El Paso, TX 79936	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Hernandez Contributor address; City; State; Zip Code 3638 Almond Beach El Paso, TX 79936	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karl Schosser Contributor address; City; State; Zip Code 7557 Plaza Taurina El Paso, TX 79912	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Hurtado Contributor address; City; State; Zip Code 1529 Weightman El Paso, TX 79903	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Iglesias Contributor address; City; State; Zip Code 4750 Vista del Monte El Paso, TX 79922	Amount of contribution (\$) 200	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Ingle	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 504 San Francisco El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renard Johnson	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8600 Boeing Dr El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted Joseph Karam	Amount of contribution (\$) 400	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9724 Eastridge Drive El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Knapp	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8313 Cincinnati El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johathan Macias	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3703 Cambridge Ave El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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SCHEDULE A

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Mallardi	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 123 W. Mills El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tekla O. Mann	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 701 Coeur Dalene Cir El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Marcee	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3712 San Mateo Ln El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald R. Margo II	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 981021 El Paso, TX 79998		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Maxwell	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 709 Walthaw El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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SCHEDULE A

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chadwick McCleskey	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5201 Hunters Glenn El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Sam Moore Jr.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3941 Flamingo Drive El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar Mosti	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 198 Pale Sage The Woodlands, TX 77382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ekhi Munategui	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1009 Metate Pl El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Noe	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1950 Paseo Arena Pl El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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SCHEDULE A

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ondasun LLC	7 Amount of contribution (\$) 5000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 W Overland Ave Ste 310 El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert O'Rourke	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1209 Prospect St El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco J. Ortega	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 E. Main Drive El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Padilla	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3268 Tomahawk El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Pearson	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 915 Kern El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Norbert Portillo 6 Contributor address; City; State; Zip Code 115 S. Durango St El Paso, TX 79901	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arturo Ramos Contributor address; City; State; Zip Code 4224 Camelot Hts El Paso, TX 79912	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gustavo Reveles Contributor address; City; State; Zip Code 3514 O'Keefe Drive El Paso, TX 79902	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Luis Rich Contributor address; City; State; Zip Code 6317 Stardust El Paso, TX 79912	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Ro Contributor address; City; State; Zip Code 2209 Pittsburg Ave El Paso, TX 79930	Amount of contribution (\$) 200	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Ruby	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4903 Love Rd El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick Salgado	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 170 Salgado Anthony, NM 88021		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose M. Sanchez	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6201 Escondido 3C El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Sapp	Amount of contribution (\$) 1400	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3124 Piedmont Drive El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitty Schild	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6136 Pino Real El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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SCHEDULE A

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve G. Shapiro	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1931 Myrtle Ave El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted Stoltzman	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 Meadowlark Drive El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Svarzbein	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 807 Live Oak Drive El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Anne Talbot	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7129 San Marino Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony M. Tomasheski	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1529 Weightman El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Tovar	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1108 Upson El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Underwood	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 Rio Tinto El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Urbina	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4800 N. Stanton, Unit 202 El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodolfo Valdes	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5354 Santa Teresa El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Ward	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 Vista Del Rey Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geoffrey Wright 6 Contributor address; City; State; Zip Code 1303 N. Cotton El Paso, TX 79902	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Wyatt Contributor address; City; State; Zip Code 2906 Silver Ave El Paso, TX 79930	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan R. Abbott Contributor address; City; State; Zip Code 300 Coral Sky Lane El Paso, TX 79912	Amount of contribution (\$) 1000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane Gaddy Contributor address; City; State; Zip Code 320 Crimson Cloud Ln El Paso, TX 79912	Amount of contribution (\$) 500	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Neessen Contributor address; City; State; Zip Code 5655 S. Desert Blvd El Paso, TX 79932	Amount of contribution (\$) 2500	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/5/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haven R./Diane W. Williams 6 Contributor address; City; State; Zip Code 4649 Globe Willow Dr El Paso, TX 79922	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/5/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Winton Contributor address; City; State; Zip Code 5670 Britain Drive Santa Teresa, NM 88008	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/7/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Constance R./John J. Jr. Clemens Contributor address; City; State; Zip Code 6325 Via Aventura Dr El Paso, TX 79912	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Bowling Contributor address; City; State; Zip Code 4655 Cohen El Paso, TX 79924	Amount of contribution (\$) 1000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Ellis Contributor address; City; State; Zip Code 2500 Scenic Crest Cir., No.8 El Paso, TX 79930	Amount of contribution (\$) 500	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Spier		7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1621 Camino Bello El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 4/9/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thea D. Wagner-Chambers		Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3700 Talent Way El Paso, TX 79928		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam D./Linda R. Acosta		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 908 Thunderbird Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro Acosta		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5866 Via Cuesta Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro Acosta III		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7230 Wurzbach, Apt 401 San Antonio, TX 78240		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/21/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Holland Branch	7 Amount of contribution (\$) 1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5203 Wimbledon Way El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio Alonso	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12452 Tierra Sauz El Paso, TX 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon/Sharon Amastae	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3531 Fort Blvd El Paso, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriela Contreras	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13970 Wildflower El Paso, TX 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Dipp	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 5579940 El Paso, TX 79940		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodolfo Fernandez-Hepo 6 Contributor address; City; State; Zip Code 1033 Calle Parque Dr El Paso, TX 79912	7 Amount of contribution (\$) 220 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas Lamantia Contributor address; City; State; Zip Code 6949 Market Ave El Paso, TX 79915	Amount of contribution (\$) 1000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor M./Katherine A. Marquez Contributor address; City; State; Zip Code 205 Dream Spirit Santa Teresa, NM 88008	Amount of contribution (\$) 220 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John G. "Jack" Maxon Contributor address; City; State; Zip Code 6927 N. Mesa El Paso, TX 79912	Amount of contribution (\$) 750 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Fong Contributor address; City; State; Zip Code 2049 Paseo Del Rey El Paso, TX 79936	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Pastrana 6 Contributor address; City; State; Zip Code 6117 Villa Suerte El Paso, TX 79912	7 Amount of contribution (\$) 220	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro Rodriguez Contributor address; City; State; Zip Code 226 C St NE Apt 3 Washington, DC 20002	Amount of contribution (\$) 25	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Smith Contributor address; City; State; Zip Code 4100 Paisano El Paso, TX 79905	Amount of contribution (\$) 20	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge A. Valenzuela Contributor address; City; State; Zip Code 233 Pennsylvania El Paso, TX 79903	Amount of contribution (\$) 250	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos G./Erin M. Villarreal Contributor address; City; State; Zip Code 717 Kapriz Ave El Paso, TX 79932	Amount of contribution (\$) 80	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Weber	7 Amount of contribution (\$) 20	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3710 Almond Beach Dr El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael A. Hiett	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4540 Emory Rd El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herschel A./Deborah Stringfield	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 340 Avenida Mirador PO Box 221 Santa Teresa, NM 88008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Bonneau	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3601 Colville Horizon City, TX 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James D./Shirley M. Dannenbaum	Amount of contribution (\$) 5000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3100 W. Alabama St. Houston, TX 77098		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/12/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrna J. Deckert	7 Amount of contribution (\$) 1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4276 Canterbury Dr El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Furman	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1121 Thunderbird Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsa Huston	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5809 Acacia Cir El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Leverton	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 Country Club Rd El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary B. Sapp	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3124 Piedmont El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/13/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Cosban	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 918 Galloway Drive El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/13/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David G./Jeryl Z. Marcus	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 442 Crown Point El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert R. Moore	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5501 N. Stanton Street, Apt 1 El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert A./Jane S. Snow	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4941 Meadowlark El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Ambler	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2750 14th St. NW, Apt 605 Washington, DC 20009		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/15/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Wysong 6 Contributor address; City; State; Zip Code 1133 Baltimore El Paso, TX 79902	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody L./ Gayle G Hunt Contributor address; City; State; Zip Code PO Box 12220 El Paso, TX 79913	Amount of contribution (\$) 2500	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Escobar Contributor address; City; State; Zip Code 3014 Copper Ave. El Paso, TX 79930	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Haupt Contributor address; City; State; Zip Code 10813 Vista Lomas Dr El Paso, TX 79935	Amount of contribution (\$) 10	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Association of Fire Fighters, Local 51 GPAC Contributor address; City; State; Zip Code 3112 Forney Dr El Paso, TX 79935	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/16/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renard U. Johnson	7 Amount of contribution (\$) 1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1381 Diamond Gate Pl El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stan Roberts	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3257 Rain Dance Drive El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan K. Russell	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2500 Scenic Crest #9 El Paso, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette Stone	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2204 Robert Wynn St El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Dipp	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 55 El Paso, TX 79940		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/16/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward/Margarita Escudero	7 Amount of contribution (\$) 1,500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3820 Hillcrest Dr El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Gallardo	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4800 Olmos St. El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Longoria	Amount of contribution (\$) 3,450	In-kind contribution description (if applicable) advertising expense
Contributor address; City; State; Zip Code 7840 Picacho Hills El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy O'Rourke	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1209 Prospect El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Williams	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4100 Churchill Downs Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/30/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ike Monty III 6 Contributor address; City; State; Zip Code 7400 Viscount El Paso, TX 79925	7 Amount of contribution (\$) 1,000	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Benitez Contributor address; City; State; Zip Code 9268 McFall Dr El Paso, TX 79925	Amount of contribution (\$) 100	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mervin Moore Contributor address; City; State; Zip Code 519 East Hague Rd. El Paso, TX 79902	Amount of contribution (\$) 200	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric MacDonald Contributor address; City; State; Zip Code 3030 Piedmont El Paso, TX 79902	Amount of contribution (\$) 20	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua W./Martha S. Hunt Contributor address; City; State; Zip Code 1101 Baltimore El Paso, TX 79902	Amount of contribution (\$) 1000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/17/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans Smith 6 Contributor address; City; State; Zip Code 1613 Delano Road Tyler, TX 75701	7 Amount of contribution (\$) 250 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krystal Parker Contributor address; City; State; Zip Code 6300 Franklin Desert Dr El Paso, TX 79912	Amount of contribution (\$) 250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn B. Herrera Contributor address; City; State; Zip Code 500 Thunderbird #505 El Paso, TX 79912	Amount of contribution (\$) 50 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick L. Francis Contributor address; City; State; Zip Code 500 N. Mesa St El Paso, TX 79901	Amount of contribution (\$) 2,500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Kirk Robison Contributor address; City; State; Zip Code 4445 N. Mesa, Ste. 100 El Paso, TX 79902	Amount of contribution (\$) 2,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/18/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uncommon, LLC	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 310 N. Mesa, third floor, suite 318 El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael C. Wendt	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10 Goodwin Dr El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isha Rogers Babel	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1505 Rim Rd El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey A./Laura D. Belles	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1650 Janet Coles Ln El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Han K. Park	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6101 Gateway Blvd W, Ste. 270 El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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SCHEDULE A

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/18/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Zaragoza	7 Amount of contribution (\$) 2,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6112 Pinehurst El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro Orozco	Amount of contribution (\$) 2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5924 Ojo de Agua Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert A. Gonzalez	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 N. Stanton #603 El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar E. Venegas	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 516 Crossbend Ct. El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ondasun LLC	Amount of contribution (\$) 5,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 W. Overland Ave, Ste. 310 El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert H. Jr./Rose Ann Hoy	7 Amount of contribution (\$) 2,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 Villa Serena Ct El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judymills Wendt	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10 Goodwin Dr El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bain Construction	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14160 Blair Court Horizon City, TX 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton F. Cross	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 332 Thunderbird Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/20/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua W/ Martha S. Hunt	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1101 Baltimore Dr. El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Sierra 6 Contributor address; City; State; Zip Code 6746 Westwind El Paso, TX 79912	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederic P. Dalbin Contributor address; City; State; Zip Code 2409 Savannah El Paso, TX 79930	Amount of contribution (\$) 150	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Chapter AGC PAC Contributor address; City; State; Zip Code 4625 Ripley El Paso, TX 79922	Amount of contribution (\$) 1000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown Ranch Contributor address; City; State; Zip Code 123 W. Mills Ave, Suite 610 El Paso, TX 79901	Amount of contribution (\$) 2000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott D Weaver Contributor address; City; State; Zip Code 123 W. Mills Ave, Suite 610 El Paso, TX 79901	Amount of contribution (\$) 2500	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/18/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David P and Florence J Buchmueller	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5817 Via Cuesta El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph E Seitsinger	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1941 Saul Kleinfeld Apt 109 El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Foster	Amount of contribution (\$) 5000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 123 W. Mills, Suite 200 El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Black Sr.	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8423 North Loop Dr El Paso, TX 79907		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PatrickW. Gorman	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 709 La Cruz El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Rouse Moore	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5501 N. Stanton St. Apt 1 El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janis Jones Nickey	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5725 Oak Cliff Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard Nordell	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5160 Memory Dr El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Babel	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1505 Rim Road El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isha Babel	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1505 Rim Road El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-23-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Corrado	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1400 Greenwich Apt 9 San Francisco, CA 94109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-23-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Medici	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1319 N. Oregon El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-23-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Mendez	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3020 McKinley El Paso, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-23-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Stoiber	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12532 Tierra China Ct El Paso, TX 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-23-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Trubowitsch	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1700 Curie Drive El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-24-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Guerra	7 Amount of contribution (\$) 70	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 408 Cincinnati El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-25-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarence Ansley	Amount of contribution (\$) 30	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1125 E Robinson El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-25-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Horak	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 617 Cincinnati El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-25-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehrdad Moayed	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1221 N I-35E, Ste 200 Carrollton, TX 75006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: C00386029) HNTB Holdings LTD PAC	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 715 Kirk Dr Kansas City, MO 64105		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-26-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador O./Elizabeth Leal 6 Contributor address; City; State; Zip Code 1304 Rancho Grande El Paso, TX 79936	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto/Sylvia Ortega Contributor address; City; State; Zip Code 1305 Lonewood El Paso, TX 79925	Amount of contribution (\$) 600	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Sanders Contributor address; City; State; Zip Code 201 E. Main Ste 350 El Paso TX 79901	Amount of contribution (\$) 2000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Serna Contributor address; City; State; Zip Code 395 Cora Pl El Paso, TX 79915	Amount of contribution (\$) 200	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan Public Affairs Contributor address; City; State; Zip Code 9705 Croton Cove Austin, TX 78759	Amount of contribution (\$) 1000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-29-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Gentilello	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1819 S Street #204 Sacramento, CA 95811		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-29-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Martinez	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 724 Cheltenham Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-29-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Nedow	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1091 Los Jardines El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-23-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary L. Camarena	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 E. Hague El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-24-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmer G/Elizabeth M. Ellis	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 6400 Tyler, TX 75711		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-29-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe/Renee Jimenez	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 325 Vista Del Rey El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter Katzman	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11411 Whisper Dawn San Antonio, TX 78230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Denise Aranda	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6337 Franklin Ridge El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Sandoval	Amount of contribution (\$) 5	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9435 Diana #1309 El Paso, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Mora	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 416 Hague Rd El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-29-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody Casey 6 Contributor address; City; State; Zip Code 1000 Madeline El Paso, TX 79902	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-29-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Haupt Contributor address; City; State; Zip Code 10813 Vista Lomas Dr El Paso, TX 79935	Amount of contribution (\$) 10	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-1-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxey Scherr Contributor address; City; State; Zip Code 1 Texas Tower 109 N. Oregon, 12th Flr El Paso, TX 79901	Amount of contribution (\$) 529.50	In-kind contribution description (if applicable) Phone bank event (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria F. Teran Contributor address; City; State; Zip Code 4804 Villa Encanto El Paso, TX 79922	Amount of contribution (\$) 1000	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas J. Vaughn Contributor address; City; State; Zip Code 5223 Holly Bellaire, TX 77401	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 48	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/21/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael W. Vaughn 6 Contributor address; City; State; Zip Code 1802 Cortlandt Houston TX 77008	7 Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William F. Vaughn Contributor address; City; State; Zip Code 10355 Westpark Dr Houston TX 77042	Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael W./Heather C. Simpson Contributor address; City; State; Zip Code 12006 Homewood Ln Houston, TX 77024	Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Moody Campaign Contributor address; City; State; Zip Code PO Box 920827 El Paso, TX 79902	Amount of contribution (\$) 500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephanie Karr Contributor address; City; State; Zip Code PO Box 288 EL Paso, TX 79943	Amount of contribution (\$) 75 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 48	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-24-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Morgades	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5100 Hunters Glen Court Unit B El Paso, TX 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-28-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Longoria	Amount of contribution (\$) 3450	In-kind contribution description (if applicable) advertising expense
Contributor address; City; State; Zip Code 7840 Picacho Hills El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-22-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geoffrey Thompson	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 Black Wolf Run Austin, TX 78705		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-21-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Kastin	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3940 Flamingo El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-17-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susana M./ Stephen L.	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6832 Imperial Ridge Dr El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 48	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-15-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter A. Spier	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1621 Camino Bello El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-17-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie Carawan	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11653 Andrienne Dr El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <div style="text-align: center;">0</div>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$) (If travel outside of Texas, complete Schedule T)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$) (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$) (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$) (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$) (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 0
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/2/2013	5 Payee name Stanton Street Technology		
6 Amount (\$) \$227.32	7 Payee address; City; State; Zip Code 500 W. Overland, El Paso, TX 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Tech services	(b) Description (If travel outside of Texas, complete Schedule T) Web-related services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/2/2013	Payee name Forma Group		
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 301 E. San Antonio Ste. B201, El Paso, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/3/2013	Payee name Forma Group		
Amount (\$) \$20,580.00	Payee address; City; State; Zip Code 301 E. San Antonio Ste. B201, El Paso, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/5/2013	Payee name Costco		
Amount (\$) \$22.74	Payee address; City; State; Zip Code 6101 Gateway West Blvd El Paso, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/5/2013	5 Payee name Target		
6 Amount (\$) \$27.51	7 Payee address; City; State; Zip Code 6101 Gateway West Blvd, El Paso, TX79925		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/5/2013	Payee name Art Fierro Campaign		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 11612 Tony Tejada Dr, El Paso, TX 79936		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation made by candidate	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Arturo Peter Fierro			
Office sought EPCC District 6 Trustee			
Office held EPCC District 6 Trustee			
Date 4/6/2013	Payee name Walmart		
Amount (\$) \$7.78	Payee address; City; State; Zip Code 1551 N. Zaragoza Rd El Paso, TX 79936		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/8/2013	Payee name AT&T		
Amount (\$) \$135.67	Payee address; City; State; Zip Code 2701 N. Mesa El Paso, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone service	Description (If travel outside of Texas, complete Schedule T) Campaign phone	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/11/2013	5 Payee name Adam Pena		
6 Amount (\$) \$1,000	7 Payee address; City; State; Zip Code 500 W. Overland, Ste. 250K, El Paso TX 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/wages - Campaign services	(b) Description (If travel outside of Texas, complete Schedule T) Salaries/wages - Campaign services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/11/2013	Payee name Barracuda Consulting		
Amount (\$) \$1,400	Payee address; City; State; Zip Code 2209 Pittsburg El Paso, TX 79930		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/10/2013	Payee name Proper Printing		
Amount (\$) \$703.63	Payee address; City; State; Zip Code 500 W. Paisano, Ste. C El Paso, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Printing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/11/2013	Payee name Forma Group		
Amount (\$) \$101,000	Payee address; City; State; Zip Code 301 E. San Antonio Ste. B201 El Paso TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Broadcast media purchases	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/17/2013	5 Payee name The Station Urban Offices		
6 Amount (\$) \$1,400	7 Payee address; City; State; Zip Code 500 W. Overland El Paso, TX 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Rental expense	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/21/2013	Payee name Costco		
Amount (\$) \$241.28	Payee address; City; State; Zip Code 6101 Gateway West Blvd El Paso, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/beverage expense	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/22/2013	Payee name AT&T		
Amount (\$) \$165.54	Payee address; City; State; Zip Code 2701 N. Mesa El Paso, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone services	Description (If travel outside of Texas, complete Schedule T) Campaign phone	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/22/2013	Payee name City of El Paso Parks & Recreation		
Amount (\$) \$142.00	Payee address; City; State; Zip Code 901 N. Virginia El Paso, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Fees & rental for park usage during event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Ardovino's Desert Crossing		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/24/2013	5 Payee name Ardovino's Desert Crossing		
6 Amount (\$) \$3,257.08	7 Payee address; City; State; Zip Code 1 Ardovino's Drive, Sunland Park, NM 88063		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event expense	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/24/2013	Payee name Forma Group		
Amount (\$) \$20,580.00	Payee address; City; State; Zip Code 301 E. San Antonio, Ste. B201, El Paso, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/26/2013	Payee name Jorge Calleja Design Services		
Amount (\$) \$48.00	Payee address; City; State; Zip Code 500 W. Overland, Ste 250, El Paso, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/12/2013	Payee name Sam's Club		
Amount (\$) \$73.12	Payee address; City; State; Zip Code 7970 N. Mesa St, El Paso, TX 79932		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/beverage expense	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/28/2013	5 Payee name Pizza Hut		
6 Amount (\$) \$102.69	7 Payee address; City; State; Zip Code 2915 N. Mesa St, El Paso, TX 79902		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/beverage expense	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/29/2013	Payee name Enterprise		
Amount (\$) \$614.59	Payee address; City; State; Zip Code 5710 Montana Ave, El Paso, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Rental expense	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/29/2013	Payee name A Taller Earth Productions		
Amount (\$) \$430.00	Payee address; City; State; Zip Code 1407 Devonshire, El Paso, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Rental expense- Campaign event	Description (If travel outside of Texas, complete Schedule T) Campaign event Rental expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/30/13	Payee name David's Pennants & Banners		
Amount (\$) \$243.56	Payee address; City; State; Zip Code 9911 Carnegie, El Paso, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Campaign signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/30/2013	5 Payee name Forma Group		
6 Amount (\$) \$40,350.00	7 Payee address; City; State; Zip Code 301 E. San Antonio, Ste. B201, El Paso 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/1/2013	Payee name Barracuda Consulting		
Amount (\$) \$3,340.87	Payee address; City; State; Zip Code 2209 Pittsburg, El Paso, TX 79930		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/1/2013	Payee name Adam Pena		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 500 W. Overland, Ste. 250K, El Paso, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/wages	Description (If travel outside of Texas, complete Schedule T) Campaign services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/1/2013	Payee name Stanton Street Technology		
Amount (\$) \$113.66	Payee address; City; State; Zip Code 500 W. Overland, Ste. 200, El Paso, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Tech services	Description (If travel outside of Texas, complete Schedule T) Web-related services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/1/2013	5 Payee name Luigi's Pizza		
6 Amount (\$) \$31.04	7 Payee address; City; State; Zip Code 321 E Mills Ave, El Paso, TX 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/beverage expense	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/2/2013	Payee name PayPal		
Amount (\$) \$75.80	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees for contribution	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/3/2013	Payee name Paypal		
Amount (\$) \$145.30	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees for contribution	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/8/2013	Payee name Paypal		
Amount (\$) \$83.93	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees for contribution	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/9/2013	5 Payee name PayPal		
6 Amount (\$) \$145.30	7 Payee address; City; State; Zip Code 1-800-852-1973		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees for contribution	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/15/2013	Payee name PayPal		
Amount (\$) \$74.33	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees for contribution	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/17/13	Payee name PayPal		
Amount (\$) \$92.57	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees for contribution	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/22/2013	Payee name PayPal		
Amount (\$) \$30.53	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees for contribution	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10	2 FILER NAME PayPal		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/25/2013	5 Payee name		
6 Amount (\$) 80.46	7 Payee address; City; State; Zip Code 1-800-852-1973		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees for contribution	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 4/30/2013	Payee name PayPal		
Amount (\$) 81.14	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees for contribution	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 0		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$)		7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

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SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 0	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)	
	6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received			
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received			
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received			
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received			
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received			

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 0
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; padding: 5px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; padding: 5px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; justify-content: space-between; padding: 5px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

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FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder